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## BIB DATA SHEET

CONFIRMATION NO. 1527

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/910,190	07/19/2001 RULE	705	3687	JMA 2976.1	
<b>APPLICANTS</b> J. Alexander Marchosky, Chesterfield, MO; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/219,773 07/20/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/30/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /VANEL FRENEL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance <input checked="" type="checkbox"/> F Initials	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 72	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> SENNIGER POWERS LLP 100 NORTH BROADWAY 17TH FLOOR ST LOUIS, MO 63102 UNITED STATES					
<b>TITLE</b> PATIENT - CONTROLLED AUTOMATED MEDICAL RECORD, DIAGNOSIS, AND TREATMENT SYSTEM AND METHOD					
<b>FILING FEE RECEIVED</b> 1578	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		